Nevada WebIZ

WebIZ Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Nevada WebIZ account for your organization. Please be sure your provider contact signs and dates page 2 before submitting. If you have questions regarding this form, please contact the WebIZ HelpDesk at (775) 684-5954.

Provider (Practice) Name: _____

Provider Mailing Address: _____

Street

_____

City State Zip Code

***Provider* Contact Person:** _____ **Title:** _____

Business Phone: _____ **Fax #:** _____

E-mail address: _____

☐View Only? (cannot enter data or make changes to data) ***If checked, skip to page 2 signature, and complete User Confidentiality Agreements**

Provider Category: ☐ Public Health ☐ Private Provider

Does your office give immunizations? Y N (circle one)

Usage Type: **(choose only one)**

_____ **Type 1 – No WebIZ Inventory Control** Providers of this type will NOT be prompted to specify lot#s/manufacturers for vaccines given.

_____ **Type 2 – Partial WebIZ Inventory Control** These providers must specify manufacturers/lot#s for vaccines in the Defaults screen (in Settings),

IZ Shot Card Preferences:

Print Patient Address on Immunization Record? _____ Yes _____ No

Vaccines For Children (VFC)

VFC Provider? ☐ If yes…VFC Effective Date? _____ VFC Pin #? _____

Vaccine Funding Sources (For Type 2 usage only) (please check all that apply)

VFC ☐ Private ☐ Other:_____ ☐

***Optional* Defaults:**
(If indicated, these will automatically populate the appropriate fields within each new patient record, and can be changed manually by the User as needed)

Language (please specify English or Spanish): _____

City: _____ **County:** _____ **State:** _____ **Country:** _____

User Accounts

"Login Users"

***Any and all staff members* that *may* need access to WebIZ must each read and complete a *User Confidentiality Agreement* to establish a User Account. Please make copies as needed.**

*****Signed User Confidentiality Agreements must be received before access will be provided.*****

"Shot-Givers Only"

To document in WebIZ which staff member administered a vaccination, please list below all those "shot-givers" who *do not need login access*.

*****"Shot-givers only" do not need to sign a User Confidentiality Agreement and will not be given access.*****

1) _____ _____ _____
Name **Title** **Office Name(s)**

2) _____ _____ _____
Name **Title** **Office Name(s)**

3) _____ _____ _____
Name **Title** **Office Name(s)**

4) _____ _____ _____
Name **Title** **Office Name(s)**

5) _____ _____ _____
Name **Title** **Office Name(s)**

6) _____ _____ _____
Name **Title** **Office Name(s)**

(If more than 6, attach separate sheet)

_____ _____
Signature of Provider Contact **Date Signed**

Please complete this form and return to:

Nevada State Health Division – WebIZ HelpDesk
4150 Technology Way Suite 101
Carson City NV 89706
Phone: 775.684.5954
Fax: 775.684.8338
E-mail: izit@health.nv.gov

For Office Use Only:

Date Received: Received By:

Date WebIZ Account Established: Completed By:
(Revised October 13, 2008)

Completing your WebIZ enrollment

Page 1

Provider details

Please complete all fields- if you do not understand any part of the page, please feel free to call or email the WebIZ Helpdesk.

Page 2

Optional defaults: When indicated, these defaults can "auto-populate" the demographic data in your patients' records by clicking "Set Defaults."

- For example, if the majority of your patients speak Spanish and live in Reno, you would indicate "Spanish" as Language and "Reno" as City. This data would be automatically populated in your patient's demographic screen by clicking "Set Defaults." It is recommended you indicate at least a County, State and Country.

Users:

"Login Users"

- Any and all staff members that may need access to WebIZ must each read and complete a *User Confidentiality Agreement* to establish a User Account. Please feel free to make copies as needed. ****Signed User Confidentiality Agreements must be received before access will be provided.****
- If an email address is indicated for a user, they will be placed in our User Distribution List and will receive messages regarding WebIZ and the vaccine world. Please provide work-issued email addresses only.

"Shot-Givers Only"

- To document in WebIZ which staff member administered a vaccination, please list all those "shot-givers" who *do not need login access*. ****"Shot-givers only" do not need to sign a User Confidentiality Agreement and will not be given access.****

Adding Additional Users

- Please retain a blank User Confidentiality Agreement for use in adding additional users after being established as a WebIZ provider. Please mail completed user forms to the address on the form.

Signature of Provider Contact: Choose an individual to be the official "WebIZ Contact" in your office and have them sign and date the bottom of Page 2. They will be the first point of contact in any future WebIZ correspondence.

Submitting the application: Please mail the completed application to the address at the bottom of Page 2. ****Please note: *only the signature page of the User Confidentiality Agreement needs to be submitted*. *Please retain the "agreement page" for reference.***